Consent Agenda

JEFFERSON COUNTY PUBLIC HEALTH

615 Sheridan Street ◊ Port Townsend ◊ Washington ◊ 98368
www.jeffersoncountypublichealth.org

April 1, 2014

JEFFERSON COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA REQUEST

TO: **Board of County Commissioners**
Philip Morley, County Administrator

FROM: Jean Baldwin, Director

DATE: April 21, 2014

SUBJECT: Agenda Item – Kitsap Public Health District, Nurse Family Partnership (NFP) Supervisor; 24 month agreement – January 1, 2014 – December 31, 2016; not to exceed $26,136 annually.

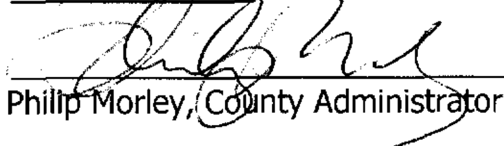
STATEMENT OF ISSUE:
Jefferson County Public Health, Community Health Division, requests Board approval of the Kitsap Public Health (KPHD), Nurse Family Partnership, Supervisor contract as amended; January 1, 2014 – December 31, 2014; not to exceed $26,136 annually.

ANALYSIS/STRATEGIC GOALS/PRO'S and CON'S:
Jefferson County Public Health will continue to provide nursing supervision to the KPHD nursing staff for the NFP program. NFP recommends national start up agencies partner with established NFP teams to provide public health nurse services: team case conferences, team meetings, 1:1 supervision, field supervision, correcting and running data, attend Kitsap monthly meetings – community and administrative, Prep. for 1:1 team meetings, travel time

FISCAL IMPACT/COST BENEFIT ANALYSIS:
This agreement will fund actual hours expended in meeting the tasks as outlined.

RECOMMENDATION:
JCPH management requests approval of the Kitsap Public Health District Professional Services Agreement – January 1, 2014 – December 31, 2016, funds not to exceed $26,136, annually.

REVIEWED BY:



4/8/14

Philip Morley, County Administrator — Date

PROFESSIONAL SERVICES AGREEMENT
By and Between
Kitsap Public Health District and Jefferson County Public Health

For provision of one (1) Public Health Nurse for Nurse Family Partnership (NFP) Supervisor Role

SECTION 1: PURPOSE:
This Agreement for Professional Services (hereinafter referred to as the "Agreement") is entered into between the Kitsap Public Health District (hereinafter referred to as "District"), and Jefferson County Public Health (hereinafter referred to as "Contractor") to provide services as a Nurse Family Partnership (NFP) Supervisor.

SECTION 2: TERMS:
This Agreement shall commence on January 1, 2014, and continue through December 31, 2016, unless terminated sooner as provided herein. The Agreement may be extended beyond December 31, 2016, upon mutual written consent of the District and the Contractor.

SECTION 3: SCOPE OF AGREEMENT:
The Contractor will provide public health nurse services for the NFP Supervisor Role and the District will meet obligations, as described in Exhibit A, Statement of Work.

SECTION 4: CONTRACT REPRESENTATIVES:
The District and the Contractor will each have a contract representative who will have responsibility to administer the contract for that party. A party may change its representative upon providing written notice to the other party. The parties' representatives are as follows:

Kitsap Public Health District Contract Representative
Suzanne Plemmons, Community Health Director
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 337-5263

Contractor's Contract Representative
Jean Baldwin, Director
Jefferson County Public Health
615 Sheridan St.
Port Townsend, WA 98368
(360) 385-9400

SECTION 5: COMPENSATION:
The District agrees to provide the following:

A. Pay Contractor the actual cost of employee's services to the District for NFP supervisory role. This reimbursement rate will be based on the employee's current rate of compensation as a Jefferson County Public Health employee at the time the service is provided plus a proportionate share of benefits based on the number of nurses supervised

on the regional NFP team, and covered employee expenses incurred by Jefferson County Public Health.

The District will pay the Contractor $49.50/hour to provide 44 hours monthly as NFP Supervisor not to exceed $26,136 annually without express written amendment signed by both parties.

Additional hours worked above the agreed upon hours weekly, will be charged at the same hourly rate upon pre-approval by the District.

B. In addition, provide for reimbursement of nursing staff for mileage incurred in connection with provision of stated services at the current IRS Standard Business Mileage Rate.

C. Contractor shall submit invoices of actual cost to the District monthly for payment of work completed to date.

D. Contractor records and accounts pertaining to this agreement are to be kept available for inspection by representatives of the District and state for a period of six (6) years after final payments. Copies shall be made available upon request.

E. Any additional fees required by Nurse-Family Partnership or requested by the District for training and approved program supplies for the District will be paid to NFP by Contractor and reimbursement for such costs will be billed to the District. Costs incurred under this item shall not affect the annual contractual amount of $26,136 for supervision.

SECTION 6: INDEMNIFICATION:
The Contractor shall indemnify, defend and hold harmless the District, its officers, agents and employees, from and against any and all claims, lawsuits, demands for money damages, losses or liability, or any portion thereof, including attorney's fees and costs, arising from any injury to person or persons (including the death or injury of the Contractor or damage to personal property) if said injury or damage was caused by the negligent acts or omissions of the Contractor or its employees or representatives.

SECTION 7: INSURANCE:
The Contractor shall obtain and keep in force during the terms of this Agreement, or as otherwise required.

A. Commercial Automobile Liability Insurance providing bodily injury and property damage liability coverage for all owned and non owned vehicles assigned to or used in the performance of the work for a combined single limit of not less than $1,000,000 each occurrence.

B. Professional Liability Insurance providing $2,000,000 per incident; $4,000,000 aggregate.

C. The County shall participate in the Worker's Compensation and Employer's Liability Insurance Program as may be required by the State of Washington.

D. Its membership in the Washington Counties Risk Pool.

SECTION 8: CONFIDENTIALITY:

All parties to this Agreement and their employees or representatives and their subcontractors and their employees will maintain the confidentiality of all information provided by the Contractor or the District or acquired in performance of this Agreement as required by the Health Insurance Portability and Accountability Act of 1996, commonly known as HIPAA, and Washington State privacy laws. This Contract, once executed by the parties, is and remains a Public Record subject to the provision of Ch. 42.56 RCW, the Public Records Act.

SECTION 9: OWNERSHIP AND USE OF DOCUMENTS

The parties acknowledge and agree that any and all work product directly connected and/or associated with the services rendered hereunder, including but not limited to all documents, drawings, reports, and the like which the Contractor in the performance of the service hereunder, either solely and/or jointly with the District shall be the sole and exclusive property of the District. Other materials produced by the Contractor in connection with the services rendered under this agreement shall be the property of the District whether the projects for which they are made are executed or not. Each party may, with no further permission required from the other party, publish to the web, disclose, distribute, reproduce, or otherwise copy or use, in whole or in part, such items produced during the course of the Project to the extent disclosure is allowed by HIPAA.

SECTION 10: INDEPENDENCE

Nothing in this agreement shall be considered to create the relationship of employer and employee between the parties hereto. The Contractor shall not be entitled to any benefits accorded District employees by virtue of the services provided under this agreement. The District shall not be responsible for withholding or otherwise deducting federal income tax or social security or for contributing to the state industrial insurance program, otherwise assuming the duties of an employer with respect to employee.

SECTION 11: REPORTING

The Contractor will provide a report to the District for payment for services rendered monthly. The report shall contain a brief summary of the work performed, relationship to the tasks identified in **Exhibit A** and the total lines generated.

SECTION 12: DISPUTE RESOLUTION

The Parties agree to work cooperatively to accomplish all of the terms of this Agreement, however, acknowledge that there may be instances in which either the District or the Contractor has not complied with the conditions of this Agreement or that clarification is necessary to interpret provisions of this Agreement. In such an instance, the District and the Contractor shall

attempt to resolve the matter through discussions. If unsuccessful, the District and the Contractor agree to refer the matter to non-binding mediation.

If the mediator cannot resolve the conflict or dispute then the issue shall be brought before a Dispute Panel. The Dispute Panel shall review all issues, concerns and conflicts with a goal to determine acceptable solutions for both Parties. The decisions of the Dispute Panel shall be final and binding on both Parties.

DISPUTE PANEL: The Parties may voluntarily submit any contractual dispute to a dispute panel as follows: each party will appoint one member to the panel and those two members in turn will appoint a third member. The dispute panel will review the facts, contract provisions and applicable law, and then decide the matter. This provision does not affect the right of either party to seek a legal recourse in a court of competent jurisdiction.

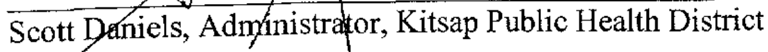
SECTION 13: TERMINATION
The District and the Contractor reserve the right to terminate this contract in whole or in part, with 30 days notice. In the event of termination under this clause, the District shall be liable only for payment for services rendered prior to the effective date of termination.

SECTION 14: INTEGRATED AGREEMENT
This Agreement together with attachments or addenda represents the entire and integrated agreement between the District and the Contractor and supersedes all prior negotiations, representations, or agreements written or oral between the parties. This agreement may be amended or modified only by a written instrument signed by both the District and the Contractor.

SECTION 15: NFP PROGRAM MODEL ELEMENTS
The District and the Contractor understand and agree that NFP Program implementation by the District and the Contractor must be based on key parameters-Model Elements identified through research and refined based upon the NFP Program's experience since 1997 and attached to this agreement as **Exhibit B**, Nurse-Family Partnership Model Elements.

SECTION 16: PROPRIETARY PROPERTY
The District and the Contractor understand and agree that Nurse-Family Partnership grants to the District and the Contractor a non-exclusive limited right and license to use the Proprietary Property for the purpose of carrying out the obligations of this contract. Nurse-Family Partnership reserves the right to modify the Proprietary Property from time to time in accordance with the data, research, and current modalities of deliveries in the NFP Program. Nurse-Family Partnership shall retain ownership and all the rights to any Proprietary Property, whether modified or not by the District and/or the Contractor. In any event, all software, Nurse-Family Partnership Community and Efforts to Outcomes Website content, excluding the District's and Contractor's data shall remain the sole property of Nurse-Family Partnership.

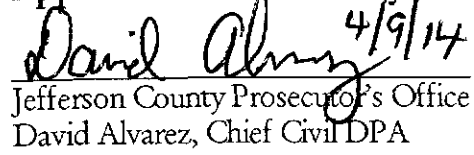
Approved this 4TH day of FEBRUARY, 2014.



Scott Daniels, Administrator, Kitsap Public Health District

John Austin, Chair, Jefferson Board of County Commissioners

Approved as to form only:
4/9/14



Jefferson County Prosecutor's Office
David Alvarez, Chief Civil DPA

AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

This Amendment ("Amendment") to Kitsap Public Health District Contract 1225 for Nurse Family Partnership Supervision (the "Contract"), is entered into between Jefferson County Public Health ("Contractor") and the Kitsap Public Health District ("District").

RECITALS

WHEREAS, the parties entered into the Agreement effective January 1, 2014; and

WHEREAS, it is necessary to amend the compensation language in the Agreement;

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

Amendment of Contract Section 5A. The second paragraph shall be struck in its entirety and replaced with "The District will pay the Contractor a composite rate of $57.94/hour capped at 44 hours monthly, not to exceed $30,592 annually without express written amendment signed by both parties."

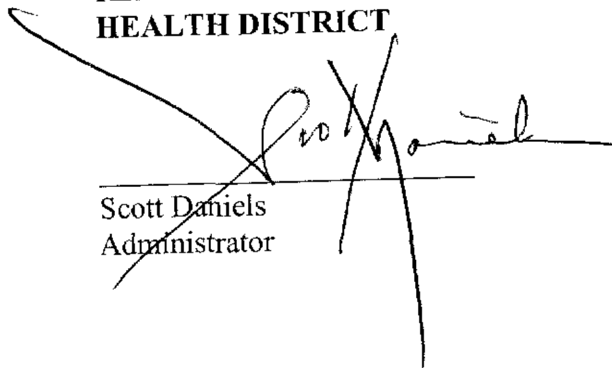
Other Provisions Unchanged. The other provisions of the Agreement remain unchanged.

Effective Date. This Amendment is effective retroactive to January 1, 2014.

IN WITNESS WHEREOF, the parties have subscribed their names hereto.

Dated this 25TH day of MARCH, 2014.

KITSAP PUBLIC HEALTH DISTRICT



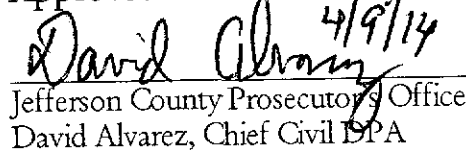
Scott Daniels
Administrator

Dated this ______ day of ____________, 2014.

JEFFESON COUNTY PUBLIC HEALTH

____
John Austin
Chair, Jefferson Board of County Commissioners

Approved as to form only:



4/9/14

Jefferson County Prosecutor's Office
David Alvarez, Chief Civil DPA

Contract Agreement By and Between
Kitsap Public Health District and Jefferson County Public Health
Professional Services Agreement 1225

Exhibit A
STATEMENT OF WORK

I. Nurse Family Partnership (NFP) Supervisor Role: Time and Costs

Contractor hours for supervising two Kitsap nurse home visitors as part of the Jefferson County NFP Team:

Tasks	Monthly Supervisor Hours	Description
Team case conferences	2	Half in person, half via telephone/video
Team meetings	2	Half in person, half via telephone/video
1:1 Supervision	8	Half in person, half via telephone/video
Field supervision	6	Joint home visit at least every 4 months
Data	6	Includes correcting data and running reports for local agency
Monthly Kitsap meetings – community & administrative	4	
Prep for 1:1, team meetings	8	
Travel time	8	For supervision and community meetings

II. District Obligations

A. District assumes responsibility for knowledge of and compliance with the State Nurse Practice Act of its state, state laws, regulations, and licensing requirements pertaining to nursing practice and state laws and regulations pertaining to mandatory reporting.
B. District shall make best efforts to implement the NFP Program with Fidelity to the NFP Model and will undertake the steps described in **Exhibit B**, Nurse-Family Partnership Model Elements, in order to do so.
C. District shall ensure that nurses whom it employs to implement that the NFP Program are able to provide care to clients in a manner consistent with the NFP Visit-to-Visit Guidelines.

District will use the Proprietary Property for the purpose of carrying out its obligations under this Agreement and will not modify any Proprietary Property without the prior express written permission of NFP. District will protect all Proprietary Property that belongs to NFP or its licensors. District will not duplicate and will prohibit distribution of or access to Visit-to-Visit Guidelines and ETO to any individual or organization not party to the implementation, administration, and operation of the NFP Program and has not been approved by NFP in writing. District agrees to make no changes or alterations to the ETO software, and to allow only trained, authorized users to access the ETO Website. If a person leaves the District's employ, the District will retrieve all Proprietary Property that the person may have in their possession.

D. Utilize NFP's Internet-based discussion forum to share learning with other entities that are implementing the NFP Program.
E. Keep Contractor informed of implementation issues that arise.
F. Ensure that all NFP Program supervisors, nurses, and administrative staff attend, participate in, and/or complete education programs required by NFP, do so on a timely basis and, upon completion, demonstrate a level of competence deemed satisfactory by NFP.
G. Ensure that no Nurse Home Visitor is assigned a case load or makes a Client visit (except in the company of an NFP-educated Nurse Home Visitor) until after she/he has completed education on the NFP Program, Program Benefits, Model Elements, use of the ETO, and implementation of the NFP Program for mothers who are pregnant.
H. Implement the NFP Program in accordance with the Visit-to-Visit Guidelines including:
    1. Ensuring enrollment of 23 to 25 first-time mothers per full-time Nurse Home Visitor within nine months of beginning implementation and make best efforts to maintain that level of enrollment on an ongoing basis;
    2. Ensure that each full-time Nurse Home Visitor carries a caseload of not more than 25 active families;
    3. Maintain the established visit schedule; and
    4. Ensure that the essential NFP Program content as described in the Visit-to-Visit Guidelines is covered with Clients by Nurse Home Visitors.

Contract Agreement By and Between
Kitsap Public Health District and Jefferson County Public Health
Professional Services Agreement 1225

Exhibit B

Nurse-Family Partnership Model Elements

CLIENTS

Element 1: **Client participates voluntarily in the Nurse-Family Partnership program.**
Nurse-Family Partnership services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and her nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that agencies may receive referrals from the legal system that could be experienced by the client as a requirement to participate. It is essential that the decision to participate be between the client and her nurse without any other pressure to enroll.

Element 2: **Client is a first-time mother.**
First-time mother is a nulliparous woman, having no live births. Nurse-Family Partnership is designed to take advantage of the ecological transition, the window of opportunity, in a first-time mother's life. At this time of developmental change a woman is feeling vulnerable and more open to support.

Element 3: **Client meets low-income criteria at intake.**
The Elmira study was open to women of all socioeconomic backgrounds. The investigators found that higher-income mothers had more resources available to them outside of the program, so they did not get as much benefit from the program. From a cost-benefit and policy standpoint, it's better to focus the program on low-income women. Implementing agencies, with the support of the Nurse-Family Partnership National Service Office, establish a threshold for low-income clients in the context of their own community for their target population.

Element 4: **Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.**
A client is considered to be enrolled when she receives her first visit and all necessary forms have been signed. If the client is not enrolled during the initial home visit, the recruitment contact should be recorded in the client file according to agency policy. It is recommended that only one pre-enrollment visit be provided. Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of

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the child, and allows time to address prenatal health behaviors which affect birth outcomes and the child's neurodevelopment. Additionally, program dissemination data show that earlier entry into the program is related to longer stays during the infancy phase, increasing a client's exposure to the program and offering more opportunity for behavior changes.

INTERVENTION CONTEXT

Element 5: Client is visited one-to-one: one nurse home visitor to one first-time mother/family.

Clients are visited one nurse home visitor to one first-time mother. The mother may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. In particular, fathers are encouraged to be part of visits when possible and appropriate. The nurse home visitor engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and the well-being of her child. It is important for nurse home visitors to maintain professional boundaries within the nurse-client relationship. Some agencies have found it useful to have other nurses on their team at times to accompany the primary nurse home visitor for peer consultation. This helps the client to understand that there is a team of nurse home visitors available and that this second nurse home visitor could fill in if needed. This may reduce client attrition if the first nurse is on leave or leaves the program. Other team members, such as a social worker or mental health specialist, may also accompany nurses on visits as part of the plan of care. The addition of group activities to enhance the program is allowed, but can not take the place of the individual visits and can not be counted as visits. It is expected that clients will have their own individual visits with their nurse, and not joint visits with other clients.

Element 6: Client is visited in her home.

The program is delivered in the client's home, which is defined as the place where she is currently residing. Her home can be a shelter or a situation in which she is temporarily living with family or friends for the majority of the time (i.e., she sleeps there at least four nights a week). It is understood that there may be times when the client's living situation or her work/school schedule make it difficult to see the client/child in their home and the visit needs to take place in other settings. But whenever possible, visiting the client and child in their home allows the nurse home visitor a better opportunity to observe, assess and understand the client's context and challenges.

Element 7: Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Guidelines.

Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits are monthly. To meet the needs of the individual family, the nurse home visitor may adjust the frequency of visits and visit in the evening or on weekends. An expectation that a home visitor is available for regular contact with the family over a long period of time, even if families do not use the home visitor to the maximum level recommended, can be a powerful tool for change.

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EXPECTATIONS OF THE NURSES AND SUPERVISORS

Element 8: Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.

When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurses' background and levels of knowledge, skills and abilities taking into consideration the nurses' experience and education. The BSN degree is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors, a Master's degree in nursing is preferred. It is understood that both education and experience are important. Agencies may find it difficult to hire BSN-prepared nurses or may find well prepared nurses that do not have a BSN. In making this decision, agencies need to consider each individual nurses' qualifications, and as needed, provide additional professional development to meet the expectations of the role. Non-BSN nurses should be encouraged and provided support to complete their BSN. Agencies and supervisors can seek consultation on this issue from their nurse consultant.

Element 9: Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the NFP Model.

It is the policy of Nurse-Family Partnership National Service Office (NFP NSO) that all nurses employed to provide NFP services will attend and participate in all core NFP education sessions in a timely manner, as is defined by NFP NSO policy and the NFP NSO contract. Nurse home visitors and nurse supervisors will deliver the program with fidelity to the model. Fidelity is the extent to which implementing agencies adhere to the model elements when implementing the program. Implementing these components provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized, controlled trials.

APPLICATION OF THE INTERVENTION

Element 10: Nurse home visitors, using professional knowledge, judgment and skill, apply the Nurse-Family Partnership Visit-to-Visit Guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.

The NFP Visit-to-Visit Guidelines are tools that guide nurse home visitors in the delivery of program content. Nurse home visitors use strength-based approaches to working with families and individualize the guidelines to meet the client's needs. The domains include:

1) Personal Health (health maintenance practices; nutrition and exercise; substance use; mental health)
2) Environmental Health (home; work; school and neighborhood)
3) Life Course (family planning; education and livelihood)
4) Maternal Role (mothering role; physical care; behavioral and emotional care of child)
5) Friends and Family (personal network relationships; assistance with childcare)
6) Health and Human Services (linking families with needed referrals and services)

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Element 11: **Nurse home visitors apply the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, *through* current clinical methods.**

The underlying theories are the basis for the Nurse-Family Partnership Program. The clinical methods that are taught in the education sessions and promoted in the NFP Visit-to-Visit Guidelines are an expression of these theories. These theories provided the framework that guided the development of the NFP Visit-to-Visit Guidelines, Nurse Home Visitor and Supervisor Competencies, and Nurse-Family Partnership Core Education Sessions. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice.

Element 12: **A full-time nurse home visitor carries a caseload of no more than 25 active clients.**

Full time is considered a 40-hour work week. Agencies may have a different definition for full time, and should pro-rate the nurse's caseload accordingly. At least half-time employment (20-hour work week) is necessary in order for nurse home visitors to become proficient in the delivery of the program model. Existing teams that already are in place but do not meet these expectations should consult with their nurse consultant. Active clients are those who are receiving visits in accordance with the NFP Visit-to-Visit Guidelines and the plan established by the client and the nurse. In practice, clients are considered participating if they are having regular visits. Agencies can establish their own policies regarding a timeframe for discharging missing clients. It is expected that supervisors will work with their nurse home visitors to monitor caseloads and utilize the program to serve the number of families they are funded to serve. The contract between the NFP National Service Office and the Implementing Agency states that the Agency will:

1) Ensure enrollment of 23 to 25 first-time mothers per full-time nurse home visitor within nine months of beginning implementation; and
2) Ensure that each nurse home visitor carries a caseload of not more than 25 active families; and
3) Maintain the appropriate visit schedule.

REFLECTION AND CLINICAL SUPERVISION

Element 13: **A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.**

Full time is considered a 40-hour work week. It is expected that a full-time nurse supervisor can supervise up to eight individual nurse home visitors, given the expectation for one-to-one supervision, program development, referral management and other administrative tasks. It also is assumed that other administrative tasks may be included in time dedicated to NFP, including the supervision of some additional administrative, clerical and interpreter staff. Refer to the sample supervisor job description found in the *Implementing Agency Orientation Packet*. The minimum time for a nurse supervisor is 20 hours a week with a team of no more than four individual nurse home visitors. Though NFP discourages smaller teams, even teams with less than four nurse home visitors still require at least a half-time supervisor. Existing teams that are already in place but do not meet these expectations should consult with their nurse consultant.

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Element 14: Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.

To ensure that nurse home visitors are clinically competent and supported to implement the Nurse-Family Partnership Program, nurse supervisors provide clinical supervision with reflection through specific supervisory activities. These activities include:

1) One-to-one clinical supervision: A meeting between a nurse and supervisor in one-to-one weekly, one-hour sessions for the purpose of reflecting on a nurse's work including management of her caseload and quality assurance. Supervisors use the principles of reflection as outlined in NFP supervisor training. Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.

2) Case conferences: Meetings with the team dedicated to joint review of cases, Efforts to Outcomes (ETO™) data reports and charts using reflection for the purposes of solution finding, problem solving and professional growth. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process. Case conferences are to be held twice a month for 1 ½ to 2 hours per case conference.

3) Team meetings: Meetings held for administrative purposes, to discuss program implementation issues, and team building twice a month for at least an hour or as needed for team meetings. Team meetings and case conferences alternate weekly so there is one meeting of the team every week.

4) Field supervision: Joint home visits with supervisor and nurse. Every four months the supervisor makes a visit with each nurse to at least one client and additional visits on an as needed basis at the nurse's request or if the supervisor has concerns. At a minimum, time spent should be 2 – 3 hours per nurse every four months. Some supervisors prefer to spend a full day with nurses, enabling them to observe comprehensively the nurse's typical day as well as her home visit, time and case management skills and charting. After joint home visits with a supervisor and nurse, a Visit Implementation Scale is completed and discussed.

PROGRAM MONITORING AND USE OF DATA

Element 15: Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.

Data are collected, entered into the ETO software and subsequently used to address practice. Data are utilized to guide improvements in program implementation and demonstrate fidelity. The ETO reports are tools with which nurse home visitors and supervisors assess and manage areas where system, organizational, or operational changes are needed in order to enhance the overall quality of program operations and inform reflective supervision of each nurse. It is expected that both supervisors and nurse home visitors will review and utilize their data.

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AGENCY

Element 16: A Nurse-Family Partnership Implementing Agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.

An Implementing Agency is an organization committed to providing internal and external advocacy and support for the NFP program. This agency also will provide visible leadership and passion for the program in their community and assure that NFP staff members are provided with all tools necessary to assure program fidelity.

Element 17: A Nurse-Family Partnership Implementing Agency convenes a long-term Community Advisory Board that meets at least quarterly to promote a community support system for the program and to promote program quality and sustainability.

A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP program and whose expertise can advise, support and sustain the program over time. The agency builds and maintains community partnerships that support implementation and provide resources. If an agency can not create a group specifically dedicated to the Nurse-Family Partnership program, and larger groups are in place that have a similar mission and role dedicated to providing services to low-income mothers, children and families, it is acceptable to participate in these groups in place of a NFP dedicated group. It is essential that issues important to the implementation and sustainability of the NFP program are brought forward and addressed as needed.

Element 18: Adequate support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program and to assure that data are accurately entered into the database in a timely manner.

Support includes the necessary infrastructure to support and implement the program. This includes the necessary physical space, desks, computers, cell phones, filing cabinets and other infrastructure to carry out the program. Further, this includes employing a person primarily responsible for key administrative support tasks for NFP staff, as well as entering data and maintaining accuracy of ETO reports. This resource is critical to ensuring administrative support and accuracy of data entry, allowing nurse home visitors time to focus on their primary role of providing services to clients. NFP Implementing Agencies shall employ at least one 0.5 FTE general administrative staff member per 100 clients to support the nurse home visitors and nurse supervisors and to accurately enter data into the Nurse-Family Partnership National Service Office ETO database on a timely basis.

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References

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